

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10 8142 94**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51		1						
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11							61								
12							62								
13	1						63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20	1						70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32	1						82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40	1						90								
41	1						91								
42	1						92								
43		2					93								
44		2					94								
45		2					95								
46		2					96								
47	1						97								
48		1					98								
49		1					99								
50		1					100								
TOTAL IND.	↓		↓		↓		TOTAL IND.	8		↓		↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	47		←		←		←	
TOTAL CLAIMS							TOTAL CLAIMS	55							